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B. BOSTICKOCT 2 1 2014EXAMINER

COVER LETTER .

TO: Registration So Division of Con	ection porations				
	MARQUIS LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DAVID GORSON				
		Name of Person			
		Firm/Company			
	444 BRICKELL AVE	• •			
		Address	 		
	MIAMI, FL 33131				
		City/State and Zip Code			
	DAVID@UREALTYG			·• _	
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notificall:	eation)	2014 OCT	-7
DAVID GORSON		305 915-7618	T S	CT 20	T
Name o	of Person		Telephone Number	OF STAT	
Enclosed is a check for t	he following amount:			igimi or i	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOTUS MARQUIS, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L11000110292	were filed on September 27, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the ab	breviation "L,L.C."
Enter new principal offices address, if applicable:	444 Brickell Ave, Suite 700	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address Florida City	EGRETARY Curp Curp
New Registered Agent's Signature, if changing Registered Agent:	,	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, i	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sherine Mishriki	444 Brickell Ave, Suite 700	Add
		Miami, FL 33131	□ Remove
MGRM —	Roselai Property S.A., BVI	Morgan & Morgan Building, P.O. Box 95 Pasea Estate, Road Town, VG Torto-LA	□ Add
		20 10 10 10 10 10 10 10 10 10 10 10 10 10	Add T
		LORIDA LORIDA	<u>ب</u> ي
			_□ Remove _□ Add
			_□ Remove

If amending any other information	, enter change(s) here: (Attach aa	lditional sheets, if necessary.)
		·
Effective date, if other than the dat (The effective date must be specific, cannot be the date this document is filed by the Florida		(optional) nnot be more than 90 days after
Dated October 17	2014	
Di/6-	,	
•	nature of a member or authorized represent	ative of a member
David Gorson		
	Typed or printed name of sign	ee

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Filing Fee: \$25.00

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TALLAHASSES, FLORIDA